

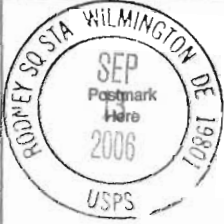
D.I. # _____

CIVIL ACTION

NUMBER: _____ 06 CV 498 KAS

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

7005 1820 0004 3169 6770

U.S. Postal Service TM		06-498
CERTIFIED MAIL TM RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		KAS
OFFICIAL USE		
Postage	\$ 63	
Certified Fee	240	
Return Receipt Fee (Endorsement Required)	185	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.88	
Sent To: WARDEN RICK KEARNEY		
Street, Apt. No., or PO Box No.: SUSSEX CORRECTIONAL INSTITUTE		
City, State, ZIP+4: P.O. BOX 500		
GEORGETOWN, DE 19947		
PS Form 3800, June 2002 See Reverse for Instructions		